State of New Mexico Energy, Minerals and Natural Resources Department

<u>DISTRICT I</u>	OIL CONSERVA	ATION DIVI	SION							
1625 N. FRENCH DRIVE, HOBBS, NM 88240	310 Old Santa F	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503			WELL API NO. 30-025-05445					
			ŀ	5. Indicate Type of Lease						
			,	FED	STATE		FEE	X		
				6. State Oil &	& Gas Lease No.					
SUNDRY NOTICES	AND REPORTS ON W	ELLS								
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 FOR SUCH PROPOSALS.)					7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT					
1. Type of Well:										
		emporarily Aband	one d		••	. 11.5				
2. Name of Operator OCCIDENTAL I	PERMIAN LTD.			8. Well No.	431					
3. Address of Operator 1017 W. STANOLIND RD.					9. Pool name or Wildcat HOBBS (G/SA)					
4. Well Location										
Unit Letter I : 1650 Fee	et From The SOUTH	Line and 990	Feet	From The	EAST	_ Line				
Section 13	Township 18-S	RANG	E 37-E	NM	IPM	LE.	A Cou	unty		
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3664° GL										
11. Check App NOTICE OF INTENTIO	ropriate Box to Indicate 1 ON TO:	Nature of Notice			ta REPORT OF	·				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING						
TEMPORARILY ABANDON CHA	NGE PLANS	COMMENCE DRILLING OPNS. PLUG & ABANDONME					т 🗀			
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB					•			
OTHER:							X			
12. Describe Proposed or Completed Operations (Clework) SEE RULE 1103.	early state all pertinent details,					y propo	sed			
TEST DATE: 05/11/05										
PRESSURE READING: INITIAL - 540 PSI; 15 MIN - 540 PSI; 30 MIN - 530 PSI										
LENGTH OF PRESSURE READING: 30	MIN		/	(\$\frac{1}{2}\text{\$\frac{1}{2}}	(3) (1)					
TEST WITNESSED: YES			\(\frac{\xi}{\xi}\)							
	This Approval Abandonment	of Temporal Expires	y 5/16	10						
The decided of the de										
I hereby certify that the information above is true and complete to the best of my knowledge and belief.										
SIGNATURE Steve W TITLE ENGINEERING TECH DATE 05/17/05										

I hereby certify that the information above is true and complete to the best of my knowledge and belief.									
SIGNATURE Steve W Jones	TITLE	ENGINEERING TECH	DATE	05/17/05					
TYPE OR PRINT NAME STEVE W JONES			TELEPHONE NO.	505/397-8228					
(This space for State Use)									

APPROVED BY CONDITIONS OF APPROVALAT ANY:

PRESENTATIVE IL/STAFF MADAGEER MAY 3 1 2005

